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Attorneys for Joseph Yammine

**IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF TEXAS
FORT WORTH DIVISION**

IN RE:

ANSON FINANCIAL INC.,

Debtor.

§
§
§
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§

**CASE NO. 21-41517
Chapter 11**

NOTICE OF DEATH

Please take notice that a copy of the Death Certificate for Simona Barron, a creditor in the above styled and numbered case, is attached hereto as **Exhibit “A.”** Please ensure that all notices given or required to be given in this case to Ms. Barron, and all papers served or required to be served in this case, be given to and served upon her heirs, and in particular, her spouse, Johnny Mateo Barron as follows:

Johnny Mateo Barron
3718 Tulsa Way
Fort Worth, Texas 76107
Telephone: (214) 200-5526

Dated: March 8, 2022.

Respectfully submitted,

/s/ Joyce W. Lindauer

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State Bar No. 24125932

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ATTORNEYS FOR JOSEPH YAMMINE

CERTIFICATE OF SERVICE

The undersigned hereby certifies that on March 8, 2022, a true and correct copy of the foregoing document was served via email pursuant to the Court's ECF system upon the parties receiving electronic notice in this case listed below.

Jeffery D. Carruth
jcarruth@wkpz.com,
jcarruth@aol.com; atty_carruth@trustesolutions.com; carruthjr87698@notify.bestcase.com

Alonzo Zachary Casas
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Amanda Allison Catlin
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Laurie A. Spindler

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Matthew Tillma

Matthew.Tillma@BonialPC.com, Notices.Bonial@ecf.courtdrive.com

United States Trustee

ustpreion06.da.ecf@usdoj.gov

Lyndel Anne Vargas

LVargas@chfirm.com, chps.ecfnotices@ecf.courtdrive.com; kbeckton@ecf.courtdrive.com

/s/ Joyce W. Lindauer

Joyce W. Lindauer

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF STATE HEALTH SERVICES
VITAL STATISTICS

EXHIBIT "A"

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS

Sep 29 2021

STATE OF TEXAS

CERTIFICATE OF DEATH

STATE FILE NUMBER

142-21-192573

1. LEGAL NAME OF DECEASED (Include AKA's, if any) (First, Middle, Last)				2. DATE OF DEATH - ACTUAL OR PRESUMED (mm-dd-yyyy)	
SIMONA JOSEPH YAMMINE BARRON				SEPTEMBER 5, 2021	
3. SEX	4. DATE OF BIRTH (mm-dd-yyyy)	5. AGE-Last Birthday (Years)	6. UNDER 1 YR	7. UNDER 1 DAY	8. BIRTHPLACE (City & State or Foreign Country)
FEMALE	JUNE 2, 1951	70	MO	Days	LEBANON
7. SOCIAL SECURITY NUMBER		8. MARITAL STATUS AT TIME OF DEATH		9. SURVIVING SPOUSE'S NAME (If spouse, give name prior to first marriage)	
XXXXXX-448		<input checked="" type="checkbox"/> Married <input type="checkbox"/> Divorced (but not remarried) <input type="checkbox"/> Widowed (but not remarried) <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		JOHNNY BARRON	
10a. RESIDENCE STREET ADDRESS				10b. APT. NO.	10c. CITY OR TOWN
3820 VALENTINE ST.					FORT WORTH
10d. COUNTY		10e. STATE		10f. ZIP CODE	10g. INSIDE CITY LIMITS?
TARRANT		TEXAS		76107	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
11. FATHER/PARENT 2 NAME PRIOR TO FIRST MARRIAGE			12. MOTHER/PARENT 1 NAME PRIOR TO FIRST MARRIAGE		
JOSEPH YAMMINE			GENEVIEVE ABOL-JAOUDE		
13. PLACE OF DEATH (CHECK ONLY ONE)					
<input type="checkbox"/> If DEATH OCCURRED IN A HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> EPO/Outpatient <input type="checkbox"/> DCA <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)					
14. COUNTY OF DEATH		15. CITY/TOWN, ZIP (If OUTSIDE CITY LIMITS, GIVE PRECINCT NO)		16. FACILITY NAME (If not institution, give street address)	
TARRANT		FORT WORTH, 76244		TEXAS HEALTH HARRIS METHODIST HOSPITAL-ALLIANCE	
17. INFORMANT'S NAME & RELATIONSHIP TO DECEASED			18. MAILING ADDRESS OF INFORMANT (Street and Number, City, State, Zip Code)		
TIANO BARRON - SON			105 LEON RIVER LOOP, HUTTO, TX 78634		
19. METHOD OF DISPOSITION		20. SIGNATURE AND LICENSE NUMBER OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH		21. <input type="checkbox"/> Unknown	
<input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from state <input type="checkbox"/> Mausoleum <input type="checkbox"/> Other (Specify)		JIM TURKINGTON, BY ELECTRONIC SIGNATURE - 9789		Section: OAGLAWH	
22. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)		23. LOCATION (City/Town, and State)		Book: 275	
GREENWOOD MEMORIAL PARK		FORT WORTH, TX		Lot: 3	
24. NAME OF FUNERAL FACILITY		25. COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City, State, Zip Code)			
GREENWOOD F H CREMATION - GREENWOOD CHAPEL		3100 WHITE SETTLEMENT ROAD, FORT WORTH, TX 76107			
26. CERTIFIER (Check only one)					
<input checked="" type="checkbox"/> Certifying physician-To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> Medical examiner/Judge of the Peace-On the basis of examination, autopsy investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.					
27. SIGNATURE OF CERTIFIER		28. DATE CERTIFIED (mm-dd-yyyy)	29. LICENSE NUMBER	30. TIME OF DEATH (Actual or presumed)	
RICHARD HAZEN, BY ELECTRONIC SIGNATURE		SEPTEMBER 13, 2021	H6281	10:28 PM	
31. PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City, State, Zip Code)				32. TITLE OF CERTIFIER	
RICHARD HAZEN 10864 TEXAS HEALTH TRAIL, FORT WORTH, TX 76244				MD	
33. PART 1: ENTER THE CHAIN OF EVENTS - DISEASES, INJURIES, OR COMPLICATIONS - THAT DIRECTLY CAUSED THE DEATH. DO NOT ENTER TERMINAL EVENTS SUCH AS CARDIAC ARREST, RESPIRATORY ARREST, OR VENTRICULAR FIBRILLATION WITHOUT SHOWING THE ETIOLOGY. DO NOT ABBREVIATE. ENTER ONLY ONE CAUSE ON EACH.					
IMMEDIATE CAUSE (Final disease or condition resulting in death)					
a. METABOLIC ACIDOSIS					
Due to (or as a consequence of):					
b. ACUTE RENAL FAILURE					
Due to (or as a consequence of):					
c. ACUTE RESPIRATORY DISTRESS SYNDROME					
Due to (or as a consequence of):					
d. COVID-19 PNEUMONIA					
PART 2: ENTER OTHER CAUSE GIVEN IN PART 1					
PROTEIN CALORIE MALNUTRITION					
34. WAS AN AUTOPSY PERFORMED?					
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
35. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?					
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
36. MANNER OF DEATH		37. DID TOBACCO USE CONTRIBUTE TO DEATH?		38. IF FEMALE	
<input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending investigation <input type="checkbox"/> Could not be determined		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Previously <input type="checkbox"/> Probably <input type="checkbox"/> Unknown		<input checked="" type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to one year before death <input type="checkbox"/> Unknown if pregnant within the past year	
39. IF TRANSPORTATION INJURY, SPECIFY:		40a. DATE OF INJURY (mm-dd-yyyy)			
<input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)		40b. TIME OF INJURY			
		40c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
		40d. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area)			
		40e. LOCATION (Street and Number, City, State, Zip Code)			
		40f. COUNTY OF INJURY			
41. DESCRIBE HOW INJURY OCCURRED					
42a. REGISTRAR FILE NO.					
06011318					
42b. DATE RECEIVED BY LOCAL REGISTRAR					
SEPTEMBER 29, 2021					
42c. REGISTRAR					
Tara Das					

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS UNIT

WARNING: The penalty for knowingly making a false statement in this form can be 2-10 years in prison and a fine up to \$10,000. (Health and Safety Code, Sec. 193.198)

VS-112 REV 12/008

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This is a true and correct copy of the record as registered in the State of Texas. Issued under the authority of Section 191.051, Health and Safety Code.

ISSUED Oct 06 2021

TARA DAS
STATE REGISTRAR

WARNING: THIS DOCUMENT HAS A DARK BLUE BORDER AND A COLORED BACKGROUND

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

